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CONFIRMATION NO. 7009

Bib Data Sheet

|                             |  |              |                        |                                   |
|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/706,685 | FILING OR 371(c)<br>DATE<br>11/12/2003<br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>1238DIV |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/011,345 12/05/2001 PAT 6,676,698 which claims benefit of 60/317,801 09/07/2001  
 and is a CIP of 09/877,639 06/08/2001 PAT 6,695,878  
 and is a CIP of 09/877,480 06/08/2001 PAT 6,527,800  
 which claims benefit of 60/214,120 06/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 02/10/2004

|                                 |  |                           |                         |                       |                            |
|---------------------------------|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>PA | SHEETS<br>DRAWING<br>32 | TOTAL<br>CLAIMS<br>23 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged       | Examiner's Signature   | Initials                  |                         |                       |                            |

**ADDRESS**

NEIL D. GERSHON  
 REX MEDICAL  
 1011 HIGH RIDGE RD  
 Stamford, CT06905

**TITLE**

Vascular device with valve for approximating vessel wall

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>412 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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